

FOR MVC USE ONLY	<input type="checkbox"/> Approved	PLATE ISSUED								CLERK ID:	DATE:
REASON FOR REJECT:											



New Jersey Motor Vehicle Commission

Special Plate Unit
P.O. Box 015
Trenton, New Jersey 08666-0015
609-292-6500 ext. 5061
EMAIL: NJMVCSPU@mvc.nj.gov

Application for License Plates Requiring Approved Authorization

This application must be completed by an applicant requesting organization license plates or a set of license plates that require approval from a designated authority. Please see the attached information sheet for required coordinators or authorized officials designated to sign for verification purposes.

Section 1

Enter type of plate you are applying for:	Current Plate Number:
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<table style="width:100%;"> <tr> <td style="width: 15%;">Month</td> <td style="width: 30%;">Registration Expires</td> <td style="width: 20%;">Year</td> </tr> <tr> <td colspan="3">Name of Registered Owner (please print or type)</td> </tr> <tr> <td colspan="3">Street Address</td> </tr> <tr> <td colspan="3">Home Phone Number:</td> </tr> </table>	Month	Registration Expires	Year	Name of Registered Owner (please print or type)			Street Address			Home Phone Number:			<table style="width:100%;"> <tr> <td colspan="4">Full VIN Number of Vehicle</td> </tr> <tr> <td colspan="4">Driver License Number / Corp Code</td> </tr> <tr> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td colspan="2">Zip Code</td> </tr> <tr> <td colspan="4">Alternate Number:</td> </tr> </table>	Full VIN Number of Vehicle				Driver License Number / Corp Code				City	State	Zip Code		Alternate Number:			
Month	Registration Expires	Year																											
Name of Registered Owner (please print or type)																													
Street Address																													
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Full VIN Number of Vehicle																													
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Alternate Number:																													

Your phone number will only be used in the event there is a discrepancy with your application.

Vehicle Make	Year	Body Type	Weight Class	Color(s)	Model
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This section should only be completed by all applicants applying for organization plates or press plates:

	YES	NO
1. Have you ever been convicted of:		
a. N.J.S.A. 39:4-50, driving under the influence of alcohol or drugs or while ability impaired by alcohol or refusing to take a Breathalyzer test?	<input type="checkbox"/>	<input type="checkbox"/>
b. N.J.S.A. 39:4-96, reckless driving?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been convicted of N.J.S.A. 2C:11-5, death by auto or vessel?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your New Jersey driving privilege been revoked or suspended for any reason within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>

Organization plates may not be issued to you if you were convicted of one or more of those offenses listed in question 1 within the last 10 years. If you answered "yes" to question 2, special plates cannot be issued to you at any time. If you answered "yes" to question 3, you may apply two years after the date your privilege was restored.

I certify the statements on this application are true and I understand I must surrender the organization license plates to the Motor Vehicle Commission within 15 days after my association with the organization is terminated.

Signature of Applicant Date

Signature of Coordinator or Required Authority Date

Title of Coordinator or Required Authority

Members of organizations requiring additional information as indicated on the information sheet, continue to page 2.

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National Guard Plate (Section 2)

(Must be active or honorably discharged)

Name of Member:		
Unit	Air	Army
Street Address		
City	State	Zip Code

Signature of Unit Commander

Date

Military Reserve Plates (Section 3)

(Must be active)

Name of Member:		
Unit	Branch of Service	
Street Address		
City	State	Zip Code

Signature of Unit Commander

Date

Military Medal Recipient license plates (Section 4)

Enter Plate Choice			
Name of Member			
Branch of Service			
Street Address			
City	State	Zip Code	

Signature of Applicant

Date

Street Rod (Section 6)

I, the undersigned, certify that the named vehicle is registered with a New Jersey street rod club which is affiliated with the National Street Rod Association, Inc.

Name of Member:		
Name of Club		
Street Address		
City	State	Zip Code

Signature of Official

Date

First Aid or Rescue Squad/Fire Department (Section 5)

I, the undersigned, certify that the applicant named herein is a member in good standing of the following fire department or rescue squad.

Name of Member		
Name of Fire Department or Rescue Squad		
Street Address		
City	State	Zip Code

Signature of Fire Chief, Director or Commissioner

Date

Application for License Plates Requiring Approved Authorization

Section 7

Affidavit of authorized Person in Employing Agency

I certify that the below named employee is employed full time in the position and title listed below and uses his/her vehicle to cover news, take photographs, or film events in connection with his/her employment.

Legal Name _____

Pen Name _____

Title & Duties _____

Name of Organization _____

Address _____

Signature

Title

Sworn and subscribed before me this _____ day of _____

20_____.

Signature of Notary

Affidavit of Newsperson

(Notarization Required)

I, the undersigned, certify I am currently employed full time as a salaried staff

newsperson or photographer and use my vehicle to cover news, take

photographs or film events in connection with my employment.

Signature

Date

Sworn and subscribed before me this _____ day of _____

20_____.

Signature of Notary